Behavioral Health Integration

Meeting Notes

Tuesday, September 1, 2015
9:00 am- 12:00 pm

Idaho Department of Health and Welfare
PTC Building, 450 W. State Street, 10th Floor Conference Room
Call-In Number: 1-866-210-1669 Participation Code: 4641842#

In attendance: Ross Edmunds, Dr. Charles Novak, Laura Thomas, Matt Wimmer, Greg Dickerson, Russ Duke, Gina Pannell, Bruce Krosch, Rachel Harris, Heather Clark, Tami Jones, Claudia Miewald, Casey Moyer, Dr. Winslow Gerrish, Mark Bondeson, Becky diVittorio, Miro Barac
On phone: John Tanner, Dr. Martha Tanner, Sarah Woodley

Topic	Presenter	Notes
Welcome/ Introductions	Ross Edmunds	The meeting was called to order at 9:10 and introductions were made for all in attendance.
Regulatory barriers report	Greg Dickerson	Greg presented a regulatory barriers presentation (see attached meeting documents). A disclaimer for the presentation is that the report is not comprehensive; it gives a flavor of the regulatory barrier issues. He noted the information was based on a literature review and focused on physician related regulations and other rules. Greg notes that within BH health, there are difficulties with IDAPA rules and integration of MH and SUDS within BH; these challenges will extend to integration of physical health (PH) with BH. Ross noted that the department has new proposed rules to address some of these concerns. The public hearing is set for September 17, 2015 from 2 to 4 pm – room 131 at Westgate Offices, 1720 Westgate Drive, Boise, ID 83709 is the Boise location The proposed rules will be published in the Idaho Administrative Bulletin on Wednesday, September 3, 2015. Once published, official dockets of the proposed rule text will be available on the Idaho Department of Administration website at: http://adminrules.idaho.gov/bulletin/index.html Part of the presentation centered on perceived barriers that do not exist, such as some interpretations of HIPAA privacy rules. Some attorneys provide very conservative advice that is not reflective of the intent of HIPPA to make sharing of information between agencies and providers more seamless. The need for providers to feel protected from possible lawsuits was noted as a reason for the conservative approach. There is a lack of ability to coordinate services because of the decrease or complete termination of funding for case management and collateral contacts. There was a discussion that followed about only ¼ of the needed actions actually being compensable under the

		current structure in Idaho and the resulting lack of service provision due to the reality of economics. The point was made that these services would be services that Idaho would see great benefit from for a very small overall investment. Peer Specialists are now included in the funding stream options for providers to bill for as a service, but the workforce needs to be developed to meet demands. Ross noted that DHW will be bringing the certification of Peer specialists in house and will be focusing on a competency-based approach. This should help facilitate individuals with training from other states, when it is demonstrated that they meet the competencies, to be eligible for employment in Idaho without taking the Idaho coursework. Ross offered to have Candace Falsetti attend the next meeting and provide an update on the certification process. Some providers expressed interest in helping to facilitate more training to help address workforce shortage. Telehealth issues also present a barrier, such as specific wording that prohibits the use of a webcam in IDAPA rules. Matt Wimmer noted that both the telehealth issue and the variations in IDAPA rules for Outpatient Psychiatric Mental Health Services which was noted as a potential barrier are being addressed in the IDAPA rule changes.
Training Update	Tami Jones	Tami Jones shared that Dr. Gerrish and Mark Bondeson from the VA were meeting this Thursday to discuss the training program. Jerilyn Jones has presented the idea to residents and they are on board for helping with content. Tami is meeting with Marilyn Baughman to secure a list of local BH clinicians with training expertise for that portion of the content. St. Alphonsus RMC has committed to providing facilities for the training; other groups will be approached to help cover food and other training aspects. They will be able to expand the training by technology outreach to other areas in the state. The need for sustainability and funding was raised with a question if the SHIP grant would have any role to play. Discussion centered around ideas to assure good attendance; a clear target audience is key. One option may be to work with PCP and PEDs who have experienced the need for BH referral sources after BH screening produced advanced concerns. Providing a solution will help with buy-in for the training. The training will be introductory in nature (101 course level) and have potential to develop into an annual, competency-based program, similar to other training programs being developed in the state (peer specialists, for example). SAMHSA's Center for Integrated Health is a resource; multiple webinars already exist.

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Behavioral Health Integration Survey:	Laura Thomas for Gina Westcott	A draft of the survey was reviewed. The first page is based on the IPAT and the remaining pages have follow up questions by category, some that will be asked of all facilities and some based on specific level designation based on the IPAT outcome. The survey is a baseline and will be completed with the existing PCMH facilities (55 statewide); subsequent surveys will include the new facilities. Feedback on the survey questions is needed – a copy will be emailed to committee with a September 15 response request date.
Working Group Charter	Casey Moyer	Casey facilitated a review of the charter and collected comments. He will work with Mercer to get another version (in track changes with comment bubbles) out for reaction and review in the next couple weeks. The initial charters for each work groups (which are intended to be fluid and amended as work progresses) will be finalized in early December. This group needs to provide final approval at the October meeting.
Updates		The IHC is meeting next week. No update was available on the multipayer group (Yvonne not in attendance). Casey noted the HIT's expected RFP is release date is by the end September for the data analytics. While the information requested is not new, the format for reporting will be different. He encouraged anyone who knows IT groups to watch for the RFP release. The telehealth consortium (established by a concurrent resolution and not a SHIP working group, but separate group) has identified SHIP as a strategy and will incorporate in their plan. They hope to have a blueprint published by February (a Federal deadline). A new staff member is coming on board at DHW to work on telehealth, Kate Creswell (part-time position). Meetings in 2016 will be on the first Tuesday of the month from 9 am to noon in room 131 at the Region 4 offices at Westgate (1720 Westgate Drive, between Cole and Milwaukee off of Fairview, enter under the doors marked 'A' that face Westgate Drive, room 131 is behind the check in desk to the right – look for signs in behind desks). Laura will send out meeting invitations. The October, November and December meeting invitations will be updated to reflect the 10th floor conference room location at 450 W. State Street, DHW Central office.
Action Steps/Wrap-Up:	Ross Edmunds	Agenda items for the next meeting include : Working Group Charter – Mercer Group Presentation by Scott Carrell – IDHE Peer specialist certification update – Candace Falsetti

Adjournment		**Next meeting is scheduled for Tuesday, October 13, 2015, 9:00 am-12:00 pm** **450 W. State St. 10th Floor Conference Room**

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Mission and Vision

The goal of the SHIP is to redesign Idaho's healthcare system, evolving from a fee-for-service, volume based system to a value based system of care that rewards improved health outcomes.

Goal 1: *Transform primary care practices across the state into patient-centered medical homes (PCMHs).*

Goal 2: *Improve care coordination through the use of electronic health records (EHRs) and health data connections among PCMHs and across the medical neighborhood.*

Goal 3: *Establish seven Regional Collaboratives to support the integration of each PCMH with the broader medical neighborhood.*

Goal 4: *Improve rural patient access to PCMHs by developing virtual PCMHs.*

Goal 5: *Build a statewide data analytics system that tracks progress on selected quality measures at the individual patient level, regional level and statewide.*

Goal 6: *Align payment mechanisms across payers to transform payment methodology from volume to value.*

Goal 7: *Reduce overall healthcare costs*